



**Patient Last Name:** \_\_\_\_\_ **Patient First Name:** \_\_\_\_\_  
**Fitter Last Name:** \_\_\_\_\_ **Fitter First Name:** \_\_\_\_\_  
**Fitter Title:** \_\_\_\_\_ **(example: PT/OT/PTA)**  
**Date:** \_\_\_\_\_



## Custom Flat Knit Toe Glove Measurement Form

LEFT	RIGHT
<input type="checkbox"/>	<input type="checkbox"/>
Quantity	Quantity
<b>Color:</b>	
<input type="checkbox"/> Caramel	<input type="checkbox"/>
<input type="checkbox"/> Black	<input type="checkbox"/>
<input type="checkbox"/> Sand	<input type="checkbox"/>
<input type="checkbox"/> CCL 1 (18-21 mmHg)	<input type="checkbox"/>
<input type="checkbox"/> CCL 2 (23-32 mmHg)	<input type="checkbox"/>
<input type="checkbox"/> CCL 3 (34-46 mmHg)	<input type="checkbox"/>
<input type="checkbox"/> Open Toe	<input type="checkbox"/>
<input type="checkbox"/> Without Small Toe	<input type="checkbox"/>
<input type="checkbox"/> Closed Toe	<input type="checkbox"/>
<input type="checkbox"/> Lymphpad removeable	<input type="checkbox"/>
<input type="checkbox"/> Lymphpad permanent	<input type="checkbox"/>
Dimensions: Length by Width	
_____ x _____	

**MEASUREMENTS IN CM**

eZ = Ending Circumference  
eX = Base Circumference

*Please always give ALL toe circumferences!*